

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2						
3						
4						
5						
6						
7						
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9						
10						
11						
12						
13	/					
14						
15						
16	/					
17						
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21						
22		5				
23		5				
24		5				
25		5				
26		5				
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31		5				
32		5				
33		5				
34		5				
35		5				
36		5				
37		5				
38		5				
39		5				
40		5				
41		5				
42		0				
43		0				
44						
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52		/				
53		/				
54	/					
55	/					
56	/					
57	/					
58		/				
59		/				
60		/				
61	/					
62	/					
63		/				
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69		/				
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	16					
TOTAL DEP.	136					
TOTAL CLAIMS	152					